

REQUEST FOR CANCER DETECTION SECTION DATA

Return to: California Department of Health Services
 Cancer Detection Section
 Evaluation and Research Unit, MS 7203
 P.O. Box 997413
 Sacramento, CA 95899-7413
 FAX (916) 449-5310

TYPES OF INFORMATION AND ASSISTANCE AVAILABLE

Data from Cancer Detection Programs: Every Woman Counts

- Data from claims for service
- Outcome and follow-up data
- Data from 1-800 referral service

(Please type or print. Sign and date below.)

Requester name		Requester title	
Organization			
Mailing address		City	State ZIP code
Telephone number ()	FAX number ()	Date of request	Desired completion date
<i>(Please allow at least ten working days for completion.)</i>		Electronic mail address	

Detailed Description of Data/Assistance Requested

What question(s) do you need answered?

Who is your audience?

Please note: Individually-identifiable data about CDS clients is Protected Health Information under the federal Health Insurance Portability and Accountability Act (HIPAA). It may be released only upon approval of the affected client or designee. Further, as the use of such data may require approval of the Department of Health Services Committee for the Protection of Human Subjects (DHS/CPHS), please attach CPHS approval or waiver.


The CPHS may be contacted at 1600 Ninth Street, Room 432, Sacramento, CA 95814, telephone (916) 653-0176.

What medium do you prefer? ☐ Paper ☐ Diskette ☐ CD-ROM ☐ Electronic file transfer

Provisions of this Agreement

- Protection of the confidentiality of the clients on Cancer Detection Section (CDS) files is a foremost consideration.
 - Please safeguard all computer files and keep output and written materials safely locked when not being used.
 - Parties must assure that technical descriptions of the data are consistent with those provided by CDS.
 - Use the data provided only for the purposes stated in the data request form unless you obtain prior written approval.
 - Do not release any of the data to any third party.
- All publications using the information provided must acknowledge the California Department of Health Services (CDHS), CDS, as the original source.
- If you use the information, please issue a disclaimer crediting analyses, interpretation, or conclusions reached to the authors and not to CDS.
- Computer files with CDS data shall be destroyed immediately upon completion of all analyses pertaining to this request.
- Send a copy of material derived from the information requested to CDS.
- Consultations with CDS staff to discuss uses and limitations of the data are encouraged.

By the signature below, I agree to abide by the above provisions.

Signature 	Type or print name of person signing	Date
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For office use only: Data request ID number: _____

FOR CDS USE ONLY

Request ID number	Request received by	Date
Request approved by manager		Date
Assigned to		Date
Comments		
Work reviewed by		Date
Amount of time spent on request		Date request delivered
Medium: <input type="checkbox"/> Paper <input type="checkbox"/> Diskette <input type="checkbox"/> CD-ROM <input type="checkbox"/> Electronic <input type="checkbox"/> Other _____		If data were provided, date(s) follow-up contact made to inquire about data destruction
Mode of delivery: <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> HyperSend <input type="checkbox"/> FTP <input type="checkbox"/> Other _____		
Date requester indicated data were destroyed	Comments	